



Maine Department of Human Services
Bureau of Health
Division of Health Engineering
Wastewater & Plumbing Control Program

RECORD SEARCH REQUEST

DOCUMENTS DATED PRIOR TO JULY 1974 ARE NOT ON FILE IN THIS OFFICE.

In order for the Division to conduct a search of our records, this form must be completed and mailed along with a **\$15.00** fee. Please make a check or money order payable to "Treasurer of State".

The Division does not guarantee that a record will be located, only that a search shall be conducted. **Allow at least 4 weeks for the search to be completed.**

Please complete this form and return it with a check to the following address:

Division of Health Engineering
Wastewater and Plumbing Program
11 State House Station
Augusta ME 04333-0011
Attn: Wendy Austin

APPLICANT INFORMATION

____ Internal Plumbing

____ Disposal System

Original Owner/Applicant Name: _____

Permit Number, if known: _____

NOTE: This is the name of the person that owned the property when the system was installed.

Name of Subdivision: _____ Lot #: _____

Location: _____ Town: _____

Year of Installation: _____ (**REQUIRED: The search will NOT be made without this data.**)

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Please fill out the following information and the results will be sent to you. If nothing is found you will receive a letter to that effect.

NAME: _____

ADDRESS: _____

TELE: _____

E-MAIL ADDRESS: _____